PART B - FEE(S) TRANSMITTAL

end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.								
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 12/29/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
01/	Charles W. Alme 10 Finderne Avenu Bridgewater, NJ 08 25/2005 HDEMESS2 0000	ie	30		I hereby certify that the States Postal Service v	rtificate of Mailing or Transmission his Fee(s) Transmittal is being deposited with the United with sufficient postage for first class mail in an envelope il Stop ISSUE FEE address above, or being facsimile PTO (703) 746-4000, on the date indicated below.			
02	L FC:1501 1400.00 DA 2 FC:1504 300.00 DA 3 FC:8001 24.00 DA				Anne Marie	Pickel L Pickel	(Depositor's name) (Signature) (Date)		
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	APPLICATION NO.	FILING DATE	<u> </u>		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/632,330	07/31/2003		Andrew	Collins	3041.EEM	3608		
TITLE OF INVENTION: THERMAL INTERFACE MATERIAL					+ \$24				
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	NO	\$1400		\$300	\$1700	03/29/2005		
	EXAMINER ART			NIT CLASS-SUBCLASS]			
	DUONG, THO V		3743		165-185000				
	1. Change of correspondence address or indication of "Fee Address CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) National Starch and Chemical New Castle, Delaware 19720 Investment Holding Corporation						document has been filed for		
	Please check the appropriate	assignee category or category	ories (will not be pri	-	oatent): 🗖 Individual 🖾 C	orporation or other private gr	coup entity Government		
	4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies8			4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0455 (enclose an extra copy of this form).					
	a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA				
	NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issi ublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	on Fee (if and if and i	ny) or to re-apply any previousle other than the applicant; a reg	y paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other party in		
	Authorized Signature Lake W. Co. Date 1/18/05								
	Typed or printed name	Charles W, Al			Registration	•			
	This collection of informatic	on is required by 37 CFR 1.3	11 The information	n is required	to obtain or retain a benefit by	the public which is to file (ar	d by the HSPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. In emormation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04v2)

Complete if Known	Under Ba Paperwork Reducti	ion Act of⊶ ⊊ 95 :	no persons are required t	U.S. Pater to respond to a collection	nt and Tra	demark Office; U.S. D	gh 07/31/2006. OMB 0651-0032 EPARTMENT OF COMMERCE vs a valid OMB control number
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,724 Attorney Docket No. 3041 EEM METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 14-0455 Deposit Account Number: 14-0455 Deposit Account Number: 14-0455 Deposit Account Number: 14-0455 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge ene(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below MARNING: information on this form may become may be part of the state of information about not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Application Type Fee (5) Fee (5) Fee (6) Fee	Under the Panerwork Reduction Act of 4995 no persons are required to respond to a collection of information unless it displays a valid OMB control of the Complete if Known						
FIRST Named Inventor Andrew Collins et al.	pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nu	Application Number 10/632,330		
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 1,724 Attorney Docket No. 3041.EEM	FEE TRANSMITTAL !			Filing Date			
Applicant claims small entity status. See 37 CFR 1.27	l Fo	For FY 2005			ventor	or Andrew Collins et al.	
TOTAL AMOUNT OF PAYMENT (\$) 1,724 Attomey Docket No. 3041.EEM METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARRING: Information on this form may become public. Credit card information abund not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Application Type Fee (s)	<u> </u>				Examiner Name Duong, Tho V		
METHOD OF PAYMENT (check all that apply) Check	Applicant claims small	l entity status.	See 37 CFR 1.27	Art Unit	Art Unit 3743		
Check Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 14-0455 Deposit Account Name. National Starch & Chemica For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAY	MENT (\$)	1,724	Attorney Dock	et No.	3041.EEM	
Poposit Account Deposit	METHOD OF PAYMEN	T (check all t	hat apply)			-	
Charge fee(s) indicated below	Deposit Account	eposit Account I	Number: <u>14-0455</u>	Deposit A	Account Na	ame: National Sta	arch & Chemica
Application Type	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)						
Application Type							
Plant 200 100 300 150 160 80	Application Type	FILING FI Sn Fee (\$)	EES SE nall Entity Fee (\$) Fee	ARCH FEES Small Entity (\$) Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	Design	200	100 10	0 50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100 30	0 150	160	80	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): ISSUE FEE TRANSMITTAL Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$)	Reissue	300	150 50	0 250	600	300	
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Other (e.g., late filing surcharge): ISSUE FEE TRANSMITTAL \$1,724	Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fees Paid (\$) Fees Paid (\$)						
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	SUBMITTED BY						

SUBMITTED BY							
Signature	Colow a	Registration No. (Attorney/Agent) 36,731	Telephone 908-707-3738				
Name (Print/Type)	Charles W. Almer		Date ///8/05				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fije (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.